File the original with:

Request for Cancellation of Certificate

249552

Mail or fax a copy to:

Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 – 5100 FAX (803) 896-5199	S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815
DATE: 3.19.14	2012-198-T
Please consider this a request to cancel my:	
Class C Taxi Certificate	Class A Restricted Certificate
Class C Charter Certificate	
Class C Charter Bus Certificate	>
Non-Emergency Certificate	Mark Commencer C
Class E Household Goods Certificate	MARY SOFFICE
Class E Hazardous Wastes Certificate	OFFICE
My Certificate Number is 8606	
Port City Transportation INCOB, (Name of Company)	A (If applicable)
2028 Wappoo Hall Rd.	
(Street Address)	(Mailing Address if different from Street Address)
Charleston, SC 29412 (City, State, Zip Code)	(City, State, Zip Code)
(843) 224-2817 (Telephoné Number)	Echjaf-
	(Signature)
<u>C</u>)wner
	(Title) Owner, President, etc.